

<b>Case Number:</b>	CM15-0036023		
<b>Date Assigned:</b>	03/04/2015	<b>Date of Injury:</b>	12/27/2011
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	02/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/25/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: New Jersey, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 27 year old female, who sustained an industrial injury on December 27, 2011. She has reported low back injury. The diagnoses have included lumbar disc herniation, and lumbar radiculitis. Treatment to date has included medications, trigger point injections, and epidural injections. Currently, the IW complains of low back pain with numbness in the left leg. She rates her pain as 9/10. She indicates her pain has worsened since her last examination. The records indicate she had 75% improvement in her pain following the 2nd left transforaminal epidural on December 10, 2014, and this has lasted for about 6 weeks. She had 50% improvement after the 1st left sacroiliac joint injection on June 18, 2014, with relief lasting approximately 4 weeks. Physical findings reveal a positive Gaenslen's test, Patrick's test, FABER test, and sacroiliac joint thrust test. On February 2, 2015, Utilization Review non-certified 3rd Left, transforaminal lumbar epidural steroid injection at L5-S1 under fluoroscopy guidance, and 2nd Left sacroiliac joint injection under fluoroscopy guidance. The MTUS, Chronic Pain Medical Treatment guidelines were cited. On February 5, 2015, the injured worker submitted an application for IMR for review of 3rd Left, transforaminal lumbar epidural steroid injection at L5-S1 under fluoroscopy guidance, and 2nd Left sacroiliac joint injection under fluoroscopy guidance.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**LT-Trans 3rd LESI at L5-S1 under fluoroscopy guidance: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ESIs.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

**Decision rationale:** According to MTUS guidelines, epidural steroid injection is optional for radicular pain to avoid surgery. It may offer short term benefit, however there is no significant long term benefit or reduction for the need of surgery. Furthermore, the patient file does not document that the patient is candidate for surgery. She was treated with conservative therapy without full control of the patient pain. Documentation does not contain objective findings on exam to support the presence of radiculopathy: strength, sensation, and reflexes are noted to be intact. There is no documentation that the patient have a sustained pain relief from a previous use of steroid epidural injection. There is no documentation of functional improvement and reduction in pain medications use. Furthermore, MTUS guidelines does not recommend epidural injections for back pain without radiculopathy (309). MTUS guidelines, recommended repeat epidural injection is considered only if there is at least 50% pain reduction, functional improvement, and reduction in pain medication after the first injection for at least 6 to 8 weeks. The patient did not fulfill criteria. Therefore, 3d Transforaminal lumbar epidural steroid injection at the Left L5 and S1 is not medically necessary.

**LT-SI 2nd joint injection under fluoroscopy guidance: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Sacroiliac injections.

**Decision rationale:** MTUS guidelines are silent regarding sacroiliac injections. According to ODG guidelines, sacroiliac injections are medically necessary if the patient fulfills the following criteria: 1.the history and physical examination should suggest the diagnosis; 2. Other pain generators should be excluded; 3. Documentation of failure of 4-6 weeks aggressive therapies; 4. Blocks are performed under fluoroscopy; 5. Documentation of 80% pain relief for a diagnostic block; 6. If steroids are injected during the initial injection, the duration of relief should be at least 6 weeks; 7. In the therapeutic phase, the interval between 2 block is at least 2 months; 8. The block is not performed at the same day as an epidural injection; 9. The therapeutic procedure should be repeated as needed with no more than 4 procedures per year. It is not clear from the patient file, that the patient fulfills the criteria of sacroiliac damage. There is no documentation of functional improvement with the previous sacroiliac injection. Therefore, the requested for left SI 2nd joint injection under fluoroscopy guidance is not medically necessary.

